



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/812,639	03/20/2001	Michael R. Levine	LVN-08602/03

CONFIRMATION NO. 1113
FORMALITIES LETTER

Gifford, Krass, Groh
280 N. Old Woodward Ave., Suite 400
Birmingham, MI 48009



'OC000000006015299'

Date Mailed: 04/27/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION**FILED UNDER 37 CFR 1.53(b)*****Filing Date Granted***

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 65.**

The application is informal since it does not comply with the regulations for the reason(s) indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:

- drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);

*A copy of this notice **MUST** be returned with the reply.*

65.00 BP
07/05/2001 AZERGAN1 000000140 09812639
01 FC:205

Customer Service Center
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

me

Response To Notice To File Missing Parts Of Application
Filing Date Granted (PTO-1533) (Small Entity)

Docket No.
LVN-08602/03

In Re Application Of: Levine



Serial No.
09/812,639

Filing Date
March 20, 2001

Examiner

Group Art Unit
2164

Invention: METHOD OF PAYMENT FOR A HEALTHCARE SERVICE

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Box Missing Parts

This is a response to the Notice to File Missing Parts of Application - Filing Date Granted (PTO-1533) mailed on

April 27, 2001

Date

Enclosed herewith for filing are the following:

- A copy of the Notice to File Missing Parts of Application - Filing Date Granted (PTO-1533). (REQUIRED)
- An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date.
- A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date.
- An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date.
- A verified English translation of the non-English language application papers as originally filed. It is requested that this translation be used as the copy for examination purposes in the United States Patent and Trademark Office.
- _____ verified small entity declaration(s)
 - is/are attached.
 - was/were filed on _____
- A separate request for refund.
- Other (list):

Request for Corrected Filing Receipt

Copy of filing receipt

\$25 fee

Two sheets drawings

Refund Ref#: 0000105751 07/03/2001 U/E

CHECK Refund Total: \$25.00

**Response To Notice To File Missing Parts Of Application
Filing Date Granted (PTO-1533)(Small Entity)**

Docket No.
LVN-08602/03

In Re Application Of: Levine

Serial No.	Filing Date	Examiner	Group Art Unit
09/812,639	March 20, 2001		2164

Invention: METHOD OF PAYMENT FOR A HEALTHCARE SERVICE

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Attention: Manager, Application Branch

- Completion of application fees as calculated below:

Utility application filing fee

Design application filing fee

Total number of independent claims =

Total number of claims =

Multiple dependent claims

- Surcharge for late payment of filing fee and/or late filing of original declaration or oath \$65.00

Petition and fee for filing by other than all the inventors or a person not the inventor

Fee for processing an application filed with a non-English language specification

Fee for processing and retention of application

Total completion of application fees \$65.00

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the above-identified Notice to File Missing Parts of Application. The requested extension is as follows (check time period desired). If an additional time extension is required, please consider this a petition therefor.

One month Two months Three months Four months Five months

from: _____ Date _____ until: _____ Date _____

Total time extension fees

Total fees due \$65.00

**Response To Notice To File Missing Parts Of Application
Filing Date Granted (PTO-1533) (Small Entity)**

Docket No.
LVN-08602/03

In Re Application Of: Levine

Serial No.
09/812,639

Filing Date
March 20, 2001

Examiner

Group Art Unit
2164

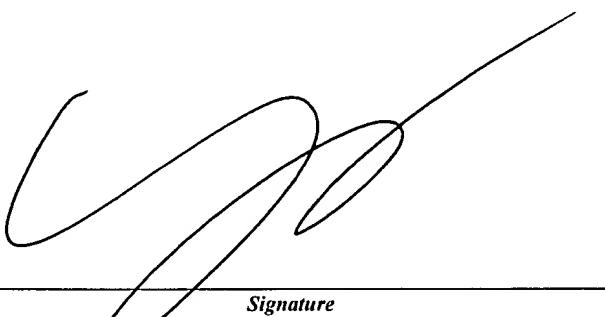
Invention: **METHOD OF PAYMENT FOR A HEALTHCARE SERVICE**

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Attention: Manager, Application Branch

The fee of **\$90.00** is to be paid as follows:

- A check in the amount of the fee is enclosed.
- The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No.
A duplicate copy of this sheet is enclosed.
- If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No.
A duplicate copy of this sheet is enclosed.

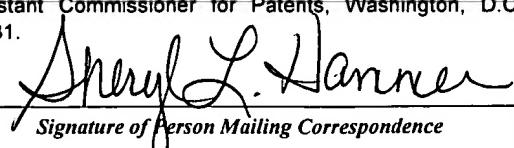


Signature

Dated: **June26, 2001**

John G. Posa
Reg. No. 37,424
Gifford, Krass, Groh et al.
280 N. Old Woodward Ave., Suite 400
Birmingham, MI 48009
734/913-9300

I certify that this document and fee is being deposited on **6-27-01** with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.



Sheryl L. Hammer
Signature of Person Mailing Correspondence

cc:

Typed or Printed Name of Person Mailing Correspondence



#5
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Levine

Serial No.: 09/812,639

Group Art Unit: 2164

Filed: March 20, 2001

Examiner:

For: METHOD OF PAYMENT FOR A HEALTHCARE SERVICE

REQUEST FOR CORRECTED FILING RECEIPT

1. Attached is a copy of the official filing receipt received from the PTO in the above-referenced application for which issuance of a corrected filing receipt is respectfully requested.

2. There is an error with respect to the following data which is:

- incorrectly entered
and/or
 omitted

<i>Error in</i>	<i>Correct data</i>
<input checked="" type="checkbox"/> Applicant's name	1. An Carroll should be deleted; this was an error on the original Declaration. There is no such person/inventor.
<input type="checkbox"/> Applicant's address	2.
<input type="checkbox"/> Title	3.
<input type="checkbox"/> Filing date	4.
<input type="checkbox"/> Serial number	5.
<input type="checkbox"/> Attorney Docket No.	6.
<input type="checkbox"/> Drawings	7.

3. *(Complete the following applicable item A or B)*

A. The correction(s) is/are not due to any error by Applicant and no fee is due.

OR

B. ■ At least one of the above corrections is due to Applicant's error and the fee therefor under 37 CFR 1.19(h) of \$25.00 is paid as follows:

- enclosed is check for \$25.00
 charge Account _____ \$25.00

Reg. No.: 37,424

Signature of Attorney

Tel. No.: (734) 913-9300

John G. Posa
Gifford, Krass, Groh, Sprinkle,
Anderson & Citkowski
280 N. Old Woodward Ave., Suite 400
Birmingham, MI 48009
FAX (734) 913-6007

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: _____

Sheryl L. Hammer

F5



UNITED STATES PATENT AND TRADEMARK OFFICE



COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/812,639	03/20/2001	2164	355	LVN-08602/03	2	11	3

CONFIRMATION NO. 1113

FILING RECEIPT



'OC000000006015298'

Gifford, Krass, Groh
280 N. Old Woodward Ave., Suite 400
Birmingham, MI 48009

Date Mailed: 04/27/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Michael R. Levine, Pinckney, MI;
An Carroll, Residence Not Provided;

Domestic Priority data as claimed by applicant

THIS APPLN CLAIMS BENEFIT OF 60/190,688 03/20/2000

Foreign Applications**If Required, Foreign Filing License Granted 04/26/2001****Projected Publication Date:** To Be Determined - pending completion of Missing Parts**Non-Publication Request:** No**Early Publication Request:** No**** SMALL ENTITY ******Title**

Method of payment for a healthcare service

R E C E I V E D
MAY 07 2001
GIFFORD, KRASS, GROH, SPRINKLE,
ANDERSON & CITKOWSKI, P.C.

Docket

Preliminary Class

705

Data entry by : MILANI, JALEH

Team : OIPE

Date: 04/27/2001

